Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	DRIN	IG PERIOD
-	MONITO MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	ING	QI	JALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorde (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83856

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorde (auto)

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
TYPED OR PRINTED	information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

W = weekly limits

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		001-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
Ī	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	11/01/2015]	11/30/2015

DMR Mailing ZIP CODE: 83856

MINOR

\$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	11/30/2015

DMR Mailing ZIP CODE: 83856 MINOR \$

(SUBR 01)

 ${\tt PEND} \; {\tt OREILLE} \; {\tt RIVER}, \; {\tt UPSTREAM} \;$

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 9				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. QRTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	****	NODI 9		****	****	****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. QRTR MAX	MGD	*****	*****	****	*****		Quarterly	ESTIMA
рН	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. QRTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI 9				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI 9				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI 9				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and madely, including the pessionity of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800		002-A
Γ	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	DRIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: **MINOR**

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	TITY OR LOADI	ING	QI	JALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	****	****	*****	16				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.5	****		****	8.5	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	121.5	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	20.6	*****		*****	13.5	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Ho	SAMPLE MEASUREMENT	*****	*****	****	6.5	*****	7.5				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****	13.5	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	****	****	11.9	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR nformation, including the possibility of fine and imprisonment for knowing violations **AUTHORIZED AGENT** AREA Code TYPED OR PRINTED NUMBER MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

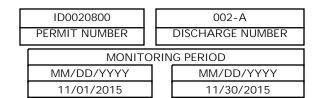
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	C	QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	7.5	****		****	20.6	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	****	****	*****	20.3				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.291				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	.291				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	200.4	980				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.19		****	*****	*****	*****		j j	
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.05	****		*****	.055	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.05	****		*****	.09	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	93.5	****			Monthly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	95	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

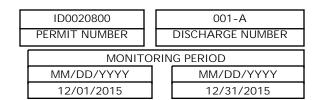
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

No Discharge

		QUANT	TITY OR LOAD	ING	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	11	14				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorde (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.2	*****		*****	8.1	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	105	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	21.3	*****		*****	9.2	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Ho	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	28.4	*****		*****	17.4	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	133.6	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	7.2	****		*****	4.4	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	****	****	****	16.1				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	16.1				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	1.93				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	****	*****	9.025	179				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	*****	****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	196		*****	****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	mornand, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
			10.050100
	MONITO	אואנ	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	12/01/2015]	12/31/2015

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.16	****		*****	.1	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.38	*****		****	.23	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	****	*****	*****	92	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	87	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

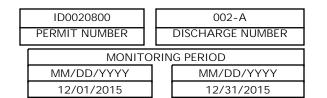
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	NG	Q	UALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
NAME/TITLE PRINCIPAL EXECU	ITINE OFFICED Legify and	er penalty of law that this d	ocument and all attachm	ants were propored in	ador my. T					EPHONE T	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

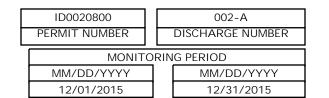
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE: **MINOR**

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		002-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	PRIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	****	*****	*****	9	11				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	11.2	****		*****	6.7	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	77.5	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	13.6	****		*****	8.1	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	****	*****	6.5	*****	6.8				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	23.5	*****		*****	14	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	****	*****	*****	175.25	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maken, makening the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	25	*****		****	10.6	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.65				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	20.9				_
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	3.02				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	****	****	1.967	11.5				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	201		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and mador, medaling the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
01/01/2016	01/31/2016

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.15	****		****	.09	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.3	****		****	.18	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	*****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	*****	*****	****	*****	91	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	*****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	92	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	*****	*****		When Discharging	VISUAL

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

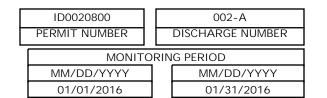
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

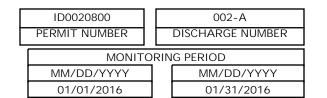
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible Foam-visual	SAMPLE MEASUREMENT	*****	NODI C		****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru reatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	*****	*****		<u> </u>	
50050 Q 0	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	*****	*****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ODING DEDIOD
MONT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	*****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amornation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

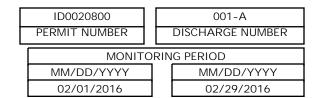
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE: 83856

MINOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOAD	ING	QI	JALITY OR CONG	CENTRATION		∐ NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****		10				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorde (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.7	*****		*****	5.65	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	76	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27.8	*****		*****	4.5	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Ho	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.1			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.5	*****		*****	13.5	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	****	156.75	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800		001-A
PERMIT NUMBER	$\exists \vdash$	DISCHARGE NUMBER
MON	IITORII	NG PERIOD
MM/DD/YYYY		MM/DD/YYYY
02/01/2016		02/29/2016

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	27.8	*****		*****	4.5	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	.352				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.906				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****	2.36				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	22.14	100.1			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.185		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

TYPED OR PRINTED	minorial on, modeling the possibility of the one mp. solution to the mig to attoris
COMMENTS AND EXPLANATION OF ANY VIOLA	ATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations.

W = weekly limits

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800	Γ	001-A	
Г	PERMIT NUMBER		DISCHARGE NUMBER	
	MONITO	DRI	NG PERIOD	
	MONITO MM/DD/YYYY	DRI	NG PERIOD MM/DD/YYYY	

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.17	*****		*****	.38	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.6	****		*****	.11	****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	90	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	91	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
12/01/2015	02/29/2016

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER, UPSTREAM

External Outfall

No Discharge

		QUAN	ITITY OR LOADII	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****					
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. QRTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	****			****	****	****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. QRTR MAX	MGD	*****	****	****	*****		Quarterly	ESTIMA
рН	SAMPLE MEASUREMENT	****	****	****	****	*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	****	Req. Mon. QRTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	*****					
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	****					
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	*****	****					
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

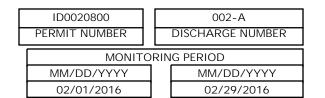
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

\$

MINOR

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	NG	QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and the second of the possibility of the did high isolated to a knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

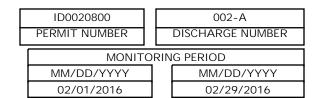
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

83856 \$

MINOR (SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel person or per	ler penalty of law that this supervision in accordance roperly gather and evaluate ersons who manage the systion, the information subm	with a system designed to e the information submitte stem, or those persons dire itted is, to the best of my	assure that qualified d. Based on my inquir ectly responsible for ga knowledge and belief,	y of the athering true,	TIPE OF PRINCIPAL			TEL	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	*****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	amorniation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge. W = Weekly limits

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

	D0020800		001-A				
PER	MIT NUMBER	DISCHARGE NUMBER					
$\overline{}$	MONITORING PERIOD						
N	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2016		03/31/2016				

DMR Mailing ZIP CODE: 83856

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	ING	QI	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	10	12				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorde (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	16	****		****	9	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	85	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	36	*****		*****	20.4	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	7				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	17	*****		*****	10	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	131	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800		001-A
	PERMIT NUMBER		DISCHARGE NUMBER
_			
	MONITO	DRIN	IG PERIOD
	MONITO MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83856

MINOR \$

.

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	31	****		****	18	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	****	****	****	****	6.58				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	****	****	****	****	12.2				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	4.63				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	****	6.85	140			Weekdays	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.209		****	*****	****	*****		_	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

	the information, the information submitted is, to the best of my knowledge and belief, true,		TELEP	DATE	
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and imprisonment to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

	D0020800		001-A				
PER	MIT NUMBER	DISCHARGE NUMBER					
$\overline{}$	MONITORING PERIOD						
N	MM/DD/YYYY		MM/DD/YYYY				
	03/01/2016		03/31/2016				

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.1	****		*****	.1	*****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.17	****		*****	.1	****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	89	****			Weekly	
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	92	****			Weekly	
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	ING	QI	QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONIT	MONITORING PERIOD						
MM/DD/YYYY	MM/DD/YYYY						
03/01/2016	03/31/2016						

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	QUALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	*****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2016	1	03/31/2016

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	****	*****	****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	13.7					
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	32.8	*****		*****	6.5	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	119.9	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	*****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	40.9	****		*****	8.1	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	6.5	****	7.2			Daily	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	92.8	****		****	18.4	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	164.2	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | certify under penalty of law that this document and all attachments were prepared under my

W = weekly limits

TELEPHONE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A				
PERMIT NUMBER	BER DISCHARGE NUMBER				
MONIT	ORING PERIOD				
WONT	OKIN <u>O I EKIOD</u>				
MM/DD/YYYY	MM/DD/YYYY				
04/01/2016	04/30/2016				

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	C	QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	146.3	****		****	29	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	23.5				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.115				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	3.08				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	30.96	246			Daily	
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Daily	
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.178		****	****	****	*****		<u> </u>	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	*****	*****	*****	*****		Continuous	Recorde (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800	Г	001-A			
	PERMIT NUMBER	DISCHARGE NUMBER				
	MONUTO		IO DEDIOD			
	MONTIC	אוואל	IG PERIOD			
	MM/DD/YYYY		MM/DD/YYYY			
	04/01/2016	Ī	04/30/2016			

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	Daily Five Days per Week Daily Five Days per Week Daily	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.1	****		*****	.1	****			Daily	
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L			GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.08	*****		*****	.11	****			Daily	
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L			GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	93	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	89	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****		Daily	
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

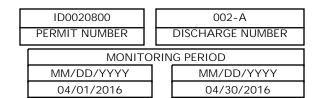
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	TITY OR LOADI	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	****	NODI C	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

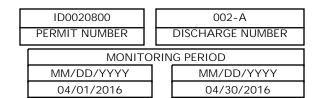
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD!	ING	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	****	****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	*****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	*****	****	****	*****		Continuous	Recorder (auto)

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnell properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materia, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

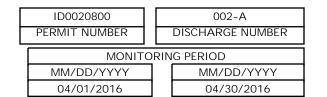
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	C	UALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	*****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	*****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

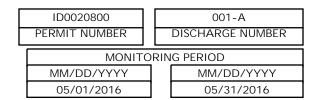
PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER



DMR Mailing ZIP CODE: 83856

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	ING	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	16	18				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	8.3	****		****	5.8	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	111.4	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	9	*****		*****	6.3	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	38.5	*****		*****	27	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	299.75	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID00208	300	001-A				
PERMIT NU	IMBER		DISCHARGE NUMBER			
	MONITOR	RING	G PERIOD			
MM/DD.	/YYYY	Γ	MM/DD/YYYY			
05/01/	2016	Г	05/31/2016			

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOAD	ING	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	47.1	****		****	33	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	*****	*****	****	.318				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.246				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	2.37				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	12.99	75.4				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	*****	*****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	.171		****	****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly qather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and maken, makening the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.05	****		****	.07	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.09	****		*****	.13	*****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	*****	95	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	*****	****	91	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	The state of the possibility of the did hip isolated to knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Γ	ID0020800		001-Q
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PIN	IG PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	03/01/2016	1	05/31/2016

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER, UPSTREAM

External Outfall

No Discharge

		QUANTITY OR LO		NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	****	NODI C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. QRTR MAX	deg C		Quarterly	GRAB
Flow rate	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
00056 Q 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. QRTR MAX	MGD	*****	*****	*****	*****		Quarterly	ESTIMA
рН	SAMPLE MEASUREMENT	****	****	****	****	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. QRTR MAX	SU		Quarterly	GRAB
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. QRTR MAX	mg/L		Quarterly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	an or matter, meloung the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Q = Surface Water Monitoring for all parameters under this report designator must start six months after the effective date of the permit. The permittee must conduct surface water monitoring in each calendar quarter of the year. Results must be reported on the DMR.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	ORING PERIOD				
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	****	****	*****	NODI C	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	****	NODI C	*****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	*****		*****	NODI C	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
00530 G 0	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

	direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		1		
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true.				
	accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and materi, moleculing the possibility of the dild imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800					
PERMIT NUMBE	DISCHARGE NUMBER				
M	ONITORING PERIOD				
MM/DD/YYY					

DMR Mailing ZIP CODE:

83856

MINOR

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	ITITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	*****	****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)
NAME/TITLE PRINCIPAL EXECUTIV	direction or personnel person or per	der penalty of law that this supervision in accordance roperly gather and evaluat ersons who manage the sys- tion, the information sub- d complete Lam aware the	document and all attachm with a system designed to e the information submitte stem, or those persons dire itted is, to the best of my	assure that qualified ed. Based on my inquir ectly responsible for ga knowledge and belief,	y of the athering true,	LIRE OF PRINCIPAL	EVECUTIVE OFFICE	OFF OF	TEL	EPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800 002-A					
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
05/01/2016	05/31/2016				

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Ql	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A				
PERMIT NUMBER	DISCHARGE NUMBER				
MONIT	COUNC DEDICE				
MONTI	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				
06/01/2016	06/30/2016				

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	NG	QI	JALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		****		****		****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****		****				_
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT		****		****		****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		****		****		****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	****		*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

certify under penalty of law that this document and all attachments were prepared under my

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

NUMBER

TELEPHONE

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	COUNC DEDICE					
MONTI	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
06/01/2016	06/30/2016					

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	40.4	*****		*****	25	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	.348				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	.204				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	****	*****	*****	2.02				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	*****	34.44	172				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	5.824		****	****	****	*****			
50050 1 0	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.21	****		****	.13	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.22	*****		****	.14	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	*****	92	*****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	93	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	0		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	arromation, including the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800		002-A				
PERMIT NUMB	NUMBER DISCHARGE NUMBER					
		NO DEDICE				
IV	<u>IONI I O</u> RI	NG PERIOD				
MM/DD/YY	ΥY	MM/DD/YYYY				
06/01/201	6	06/30/2016				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUANT	ΓΙΤΥ OR LOADI	ING	QI	JALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	****	*****	NODI C				
00010 P 0 See Comments	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	NODI C				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	*****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEP	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto matton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	*****	****	****	NODI C				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI C				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	*****	****	*****	****	NODI C	NODI C				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI C		****	*****	*****	*****			
50050 Q 0	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

NUMBER

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONIT	ORING PERIOD					
MONIT MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		****	NODI C	****				
50060 O O See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	****	.5 MO AVG	*****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI C	****		*****	NODI C	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	NODI C	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI C	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	*****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI C		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEPI	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anto maton, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: '\ PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

	ID0020800		001-A					
PE	RMIT NUMBER		DISCHARGE NUMBER					
	MONIT	ORIN	IG PERIOD					
	MONIT MM/DD/YYYY	ORIN	IG PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83856

MINOR

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TITY OR LOADI	ING	QI	JALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	*****	*****	*****	20	21				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MX DA AV	Req. Mon. INST MAX	deg C		Continuous	Recorder (auto)
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	5.7	****		****	3.6	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	58.9	*****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	62.1	*****		*****	39	****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	*****	lb/d	*****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
рН	SAMPLE MEASUREMENT	****	*****	*****	6.5	*****	6.9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 INST MIN	****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	45.2	*****		*****	28.4	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	*****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	****	****	*****	*****	322.6	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	*****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

Form Approved
OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME:" PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800		001-A				
Г	PERMIT NUMBER	DISCHARGE NUMBER					
ī	MONITO	RIN	G PERIOD				
L	WONTE		O I EIGOD				
	MM/DD/YYYY		MM/DD/YYYY				
Γ	07/01/2016]	07/31/2016				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	ING	C	QUALITY OR CONG	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	62.1	****		****	39	*****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI B				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	*****	****	.272				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	****	****	****	****	****	3.95				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	*****	NODI B	2				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	.191		****	****	****	*****		ŷ ō	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO MAX	MGD	****	****	****	*****		Continuous	Recorder (auto)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2016	07/31/2016

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

TO PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	.19	*****		*****	.12	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L			GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	.16	****		*****	.25	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	****	.75 WKLY AVG	****	mg/L			GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	****	****	94	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Monthly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	*****	****	*****	91	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	*****	0		*****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	and matter, meating the possibility of this and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

O = Chlorine monitoring is only required when the back-up chlorination system is used.

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NÄME: PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A					
PERMIT NUMBER	R DISCHARGE NUMBER					
	ODING PEDIOD					
MONII	ORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
07/01/2016	07/31/2016					

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

PEND OREILLE RIVER

External Outfall

No Discharge

		QUANT	TTY OR LOAD	ING	QI	UALITY OR CONC	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI E				
00010 P 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO MAX	deg C		When Discharging	GRAB
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI E	****		****	NODI E	****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
30D, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****	NODI E	****				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8
3OD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	NODI E	*****		*****	NODI E	*****				
00310 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	****	mg/L		Weekly	COMP-8
H	SAMPLE MEASUREMENT	*****	*****	*****	NODI E	*****	NODI E				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6.5 INST MIN	*****	9 INST MAX	SU		Five Days per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	NODI E	****		****	NODI E	****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	125 MO AVG	*****	lb/d	****	30 MO AVG	****	mg/L		Weekly	COMP-8
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI E	****				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	****	mg/L		Weekly	COMP-8

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit.

direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false

nformation, including the possibility of fine and imprisonment for knowing violations

Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

W = weekly limits

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

83856

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

Г	ID0020800	002-A					
	PERMIT NUMBER		DISCHARGE NUMBER				
=							
L	MONITO	PRIN	IG PERIOD				
ŀ	MONITO MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

MINOR \$

(SUBR 01)

PEND OREILLE RIVER

External Outfall

No Discharge

		QUAN	TITY OR LOADI	NG	QI	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	NODI E	*****		****	NODI E	****				
00530 W 0 See Comments	PERMIT REQUIREMENT	188 WKLY AVG	****	lb/d	****	45 WKLY AVG	*****	mg/L		Weekly	COMP-8
Nitrogen, total [as N]	SAMPLE MEASUREMENT	****	*****	****	****	****	NODI E				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	****	****	****	****	****	NODI E				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. MO MAX	mg/L		Monthly	COMP-8
Phosphorus, total [as P]	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	NODI E				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	Req. Mon. MO MAX	mg/L		Weekly	COMP-8
E. coli, MTEC-MF	SAMPLE MEASUREMENT	****	****	****	****	NODI E	NODI E				
31648 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 MO GEOMN	406 INST MAX	#/100mL		Five per Month	GRAB
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI E		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	0 MO MAX	N=0;Y=1	****	****	****	*****		When Discharging	VISUAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	NODI E		****	*****	****	*****			
50050 Q 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. MO MAX	MGD	****	*****	****	*****		Continuous	Recorder (auto)

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the		TELEP	HONE	DATE
	person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			
TYPED OR PRINTED	anomation, including the possibility of the and imprisonment for knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ' PRIEST RIVER, CITY OF ADDRESS: 401 RAILROAD AVE

PRIEST RIVER, ID 83856

FACILITY: PRIEST RIVER, CITY OF - PRIEST RIVER WWTP

LOCATION: 401 RAILROAD AVENUE

PRIEST RIVER, ID 83856

ATTN: CHRIS CARR, PUBLIC WORKS SUPER

ID0020800	002-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITORING PERIOD						
MONITO	ORING PERIOD					
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY					

DMR Mailing ZIP CODE: 83856

MINOR \$

(SUBR 01)

PEND OREILLE RIVER External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	NODI E	****		****	NODI E	****				
50060 O 0 See Comments	PERMIT REQUIREMENT	2.1 MO AVG	****	lb/d	*****	.5 MO AVG	****	mg/L		Five Days per Week	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	NODI E	****		****	NODI E	****				
50060 W 0 See Comments	PERMIT REQUIREMENT	3.1 WKLY AVG	****	lb/d	*****	.75 WKLY AVG	****	mg/L		Five Days per Week	GRAB
BOD, 5-day, percent removal	SAMPLE MEASUREMENT	****	****	*****	****	NODI E	****				
81010 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	CALCTD
Solids, suspended percent removal	SAMPLE MEASUREMENT	****	****	****	****	NODI E	****				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	****	****	*****	*****	85 MO MIN	****	%		Weekly	COMP-8
Oil and grease visual	SAMPLE MEASUREMENT	****	NODI E		****	****	****	*****			
84066 1 0 Effluent Gross	PERMIT REQUIREMENT	****	0 MO MAX	N=0;Y=1	*****	****	****	*****		When Discharging	VISUAL

l .	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPI	HONE	DATE
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

P = Effluent monitoring for temperature shall begin within six months of the effective date of the permit. Q = Monitoring of Outfall 002 for all parameters is only required when that Outfall is used for discharge.